

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1056

1056

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>46</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>8 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2453 Chestnut</u>				d. STREET ADDRESS (If rural, give location) <u>2453 Chestnut</u>					
3. NAME OF DECEASED a. (First) <u>John</u> (Type or Print)			b. (Middle) <u>Wesley</u>		c. (Last) <u>Chapple</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 3 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-3-1905</u>		9. AGE (In years last birthday) <u>45</u> # UNDER 1 YEAR Months # UNDER 1 Mth. Days Hours Mtn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (State or foreign country) <u>Charleston, Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Paddy Chapple</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Law</u>			14. NAME OF HUSBAND OR WIFE <u>Lillie Chapple</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>441-14-3074</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Chapple</u> ADDRESS <u>2453 Chestnut K. C. Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u>						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Diabetic Mellitus, Clinical</u>						151	
		DUE TO (c) <u>Post Operative Incisional Hernia</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>4-26</u> , 19 <u>50</u> , to <u>1-3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-3</u> , 19 <u>51</u> , and that death occurred at <u>8: A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>H. R. Peterson M.D.</u>				23b. ADDRESS <u>2462 A Brooklyn Kansas 15-51</u>			23c. DATE SIGNED		
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>1-5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>1-5-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. J. W. Jones</u> ADDRESS <u>440 state ave. K. C. Kansas</u>				

(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2462 Brooklyn  
Dr Peterson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed..... Eugene English

Licensed Embalmer No. 4105

P. O. Address 440 State St  
N. E. 7th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2426 Brooklyn